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1 on this particular product, the price has gone
2 down by 20 percent. Would you ever go into a
3 clinic, for example, and say that there was a
4 special price, for example, on a given drug at
5 any given time?

6 A No.

7 Q Were there ever any special prices
8 on drugs that you could offer?

9 A Not that I could offer, no.

10 Q When you started as territory
11 business manager with BMS, you had these four
12 drugs initially. I can't remember if you added
13 as you went along.

14 A I can't remember either. I had
15 Paraplatin and Taxol. I had IFEX. I don't know
16 when I got Megace. When I started, I had
17 Paraplatin, IFEX, and Taxol.

18 Q Let's say that you went into a
19 particular customer with the idea of talking
20 about taxol, and that was the topic of the
21 meeting as you progressed. What sort of
22 questions would a customer ask you about Taxol?

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1 physicians in my call list.

2 Q. Wow. After that first year you began
3 focusing more on the products?

4 A. That's correct.

5 Q. What products were you focusing on then?

6 A. Primarily the product lines we had then
7 were Taxol and Paraplatin. Taxol would, of course,
8 the generic name would be paclitaxel and Paraplatin
9 would be carboplatin. But Bristol-Myers Squibb has a
10 history of being the foremost leader in the oncology
11 field with the most product, so oftentimes we were
12 asked questions or for assistance on a wide variety
13 of products, from Blenoxane, Vepesid, cisplatin,
14 Megace oral suspension, CCNU, Hydroxia. I mean, just
15 a whole bunch of products that we've had in the past.
16 Very infrequently did questions come up about that,
17 and usually because of my lack of knowledge of that,
18 I would always refer back to our medical services
19 people for them to help out on that.

20 Q. So your primary focus on the products
21 perspective was Taxol and Paraplatin?

22 A. That's correct.